

This Computes!



**Department of Health Services
Children's Medical Services Network
(CMS Net) - Information Bulletin #144**

Outpatient Surgery Authorizations **REVISED (2)**

We have identified other circumstances where claims that should not use the units on a SAR are in fact doing so. Claims from assistant surgeons should not require authorization as they use the surgeons SAR. When the assistant surgeon bills with an 80 or 81 modifier (assistant Surgeon) the SAR units are not used. However, if that same assistant surgeon is involved with a surgery that requires multiple modifiers to be used on the claim form, he/she must bill with a 99 modifier which is using the SAR units. We are working with EDS to correct this problem, but until it is corrected additional units need to be approved for outpatient surgeries in the event that an assistant surgeon may be involved. These extra units are in addition to the ones necessary for the supplies that may be used during the surgery and billed by the facility, as these also are using the units on the surgeon's SAR.

Until this problem is corrected we are suggesting that 6 units be authorized for each outpatient surgery, this will allow for assistant surgeons, multiple surgery modifiers and supplies if the SAR is shared with the outpatient facility. If you do not authorize the additional units for the surgery code either the surgeon, the assistant surgeon, or the facility will have their claim denied as the other providers will use up the units on the SAR. Issuing the additional units for a surgery code will not result in duplicate billing, as the claims processing system would reject the second claim billed for the same code. If you are contacted by a provider who has had a claim denied for reason code 005 (service requires a TAR) and you have already issued a SAR for the surgery code(s) that was denied, you should modify the existing SAR adding the additional units to the units field for each surgery code and advising the provider to re-bill.